

REDACTED- FOR PUBLIC INSPECTION

June 27, 2014

VIA OVERNIGHT DELIVERY

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Washington, DC 20554

RE: **Confidential Financial Information Subject to Protective Order in WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

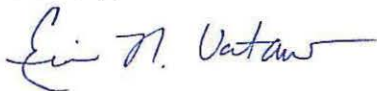
Dear Ms. Dortch:

South Arkansas Telephone Company, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422

As specified in the Protective Order issued on November 16, 2012 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION"

Please feel free to contact me with any questions regarding this particular matter.

Sincerely,



Eric N. Votaw, Senior Manager for
Moss Adams LLP

Enclosures

cc Mr. Charles Tyler, FCC Telecommunications Access Policy Division
Mr. Greg Ashcroft - South Arkansas Telephone Company
Arkansas Public Utility Commission - Redacted Filing

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name: Person USAC should contact with questions about this data	Eric N. Votaw
<035>	Contact Telephone Number: Number of the person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	eric.votaw@nossadams.com

ANNUAL REPORTING FOR ALL CARRIERS

54,313 Completion Required	54,422 Completion Required
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(check box when complete)

<100>	Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200>	Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210>	<input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300>	Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310>	Detail on Attempts (voice)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330>	Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450>	Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	401702AR510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600>	Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610>	401702AR610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700>	Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800>	Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000>	Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	401702AR1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>		(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mosadame.com

<110> Has your company received its ETC certification from the FCC? (yes / no) ☐ ☒

If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC? (yes / no) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

401702AR100.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

✓
✓
✓

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@usadams.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

See attached worksheet

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	ERIC N. VOTAW
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099596116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@osaadams.com

[illegible]

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@southarkdata.com
<B10>	Reporting Carrier	South Arkansas Telephone Company
<B11>	Holding Company	TLB, Inc.
<B12>	Operating Company	

Page 6

<910> Tribal Land(s) on which ETC Serves

[illegible]

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	209556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@usadame.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2098556114 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@usadams.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

401702AR1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401703
<015> Study Area Name	SOUTH ARKANSAS TEL
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099554116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mcasadams.com

CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	<div style="border: 1px solid black; width: 200px; height: 50px; margin: 0 auto;"></div>

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0086/OMB Control No. 3060-0019 July 2013
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<010> Study Area Code	401702
<015> Study Area Name	SOUTH ALEXANDER TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2025551114 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@verizon.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year

☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

- (3014) If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☒

- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

401702AR3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Enter a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	401702
<015> Study Area Name	SOUTH ARKANSAS TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	401702
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<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035> Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mossadams.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) Moss Adams LLP is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Moss Adams LLP
Name of Reporting Carrier:	SOUTH ARKANSAS TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Officer:	Greg Ashcraft
Title or position of Authorized Officer:	Secretary/Treasurer
Telephone number of Authorized Officer:	8709424344 ext.
Study Area Code of Reporting Carrier:	401702 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	SOUTH ARKANSAS TEL
Name of Authorized Agent or Employee of Agent:	Moss Adams LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/27/2014
Printed name of Authorized Agent or Employee of Agent:	Eric N. Votaw
Title or position of Authorized Agent or Employee of Agent:	Senior Manager
Telephone number of Authorized Agent or Employee of Agent:	2099556116 ext.
Study Area Code of Reporting Carrier:	401702 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

LINE 100 INITIAL FIVE-YEAR SERVICE QUALITY IMPROVEMENT PLAN

REDACTED FOR PUBLIC INSPECTION

Response Line 510
South Arkansas Telephone Company
Study Area 401702

Service Quality Standards and Consumer Protection Rules

Pursuant to 47 C.F.R. § 54.313 (a)(5) and or 47 C.F.R. § 54.422 (b)(3) South Arkansas Telephone Company is in compliance with appropriate FCC Service Quality Standards and Consumer Protection Rules. South Arkansas Telephone Company provided CPNI training to all of its new employees and in addition trains all of its existing employees on an annual basis. South Arkansas Telephone Company also conducts subscriber outreach regarding CPNI by periodically placing CPNI explanation messages into subscriber's bills and also has signage in its business office regarding CPNI rules and regulations. In addition South Arkansas Telephone trains staff on Red Flag issues on an annual basis. All company employees are required to sign and acknowledge that they have completed CPNI and Red Flag training and understand obligations to adherence of applicable rules. South Arkansas Telephone is also in compliance with applicable Arkansas Public Service Commission's Telecommunications Providers Rules .

Response Line 610
South Arkansas Telephone Company
Study Area 401702

Functionality in Emergency Situations:

Pursuant to 47C.F.R. § 54.313(a)(6) and 47C.F.R. § 54.22(b)(4) as set forth in 47 C.F.R. § 54.202(a)(2) South Arkansas Telephone Company meets the requirements to remain functional in emergency situations and has the following capabilities; Back-up power is provided to Hampton, Banks, Hermitage and Louann central offices by use of a fixed generator and batteries that provide it with 12 hours of emergency power. In addition, South Arkansas Telephone Company field electronics have 8 hours of back-up power by use of fixed and/or mobile generators and batteries. South Arkansas also has ATM technology deployed in its core fiber optic network that is a self-healing and will automatically reroute traffic should a fiber cut occur. Last, South Arkansas Telephone Company is prepared and capable of managing traffic spikes resulting from emergency situations.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric H. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<037>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@usadana.com

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Eric N. Votaw
<035>	Contact Telephone Number - Number of person identified in data line <030>	2099556116 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	eric.votaw@mosesadams.com

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
	AR	Banks	160.0	0.0	160.0	16.0	1.0	0.0	Other, Unlimited
	AR	Banks	116.0	0.0	116.0	14.0	1.0	0.0	Other, Unlimited
	AR	Banks	72.0	0.0	72.0	8.0	1.0	0.0	Other, Unlimited
	AR	Banks	40.0	0.0	40.0	6.0	1.0	0.0	Other, Unlimited
	AR	Banks	160.0	0.0	160.0	1.0	0.512	0.0	Other, Unlimited
	AR	Banks	116.0	0.0	116.0	0.768	0.256	0.0	Other, Unlimited
	AR	Banks	72.0	0.0	72.0	0.512	0.128	0.0	Other, Unlimited
	AR	Banks	40.0	0.0	40.0	0.256	0.128	0.0	Other, Unlimited
	AR	Hampton	160.0	0.0	160.0	16.0	1.0	0.0	Other, Unlimited
	AR	Hampton	116.0	0.0	116.0	14.0	1.0	0.0	Other, Unlimited
	AR	Hampton	72.0	0.0	72.0	8.0	1.0	0.0	Other, Unlimited
	AR	Hampton	40.0	0.0	40.0	6.0	1.0	0.0	Other, Unlimited
	AR	Hampton	160.0	0.0	160.0	1.0	0.512	0.0	Other, Unlimited
	AR	Hampton	116.0	0.0	116.0	0.768	0.256	0.0	Other, Unlimited
	AR	Hampton	72.0	0.0	72.0	0.512	0.128	0.0	Other, Unlimited
	AR	Hampton	40.0	0.0	40.0	0.256	0.128	0.0	Other, Unlimited
	AR	Hermitage	160.0	0.0	160.0	16.0	1.0	0.0	Other, Unlimited
	AR	Hermitage	116.0	0.0	116.0	14.0	1.0	0.0	Other, Unlimited
	AR	Hermitage	72.0	0.0	72.0	8.0	1.0	0.0	Other, Unlimited
	AR	Hermitage	40.0	0.0	40.0	6.0	1.0	0.0	Other, Unlimited
	AR	Hermitage	160.0	0.0	160.0	1.0	0.512	0.0	Other, Unlimited

(710) Broadband Price Offerings
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0319
July 2013

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<010>	Study Area Code	401702
<015>	Study Area Name	SOUTH ARKANSAS TEL
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Eric M. Votaw
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Data Collection Form

July 2013

<812>	Operating Company
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Response to Line 1000
South Arkansas Telephone
Study Area 401702

Voice Services Comparability Report

Pursuant to 47 C.F.R. § 54.313 (a) (10) South Arkansas Telephone ("SATCO") is in compliance with the requirement that voice services is no more than two standard deviations above the national average urban rate for voice service of \$46.96 as specified in Public Notice DA 14-384 issued on March 20, 2014. SATCO's current total local end-user rate¹ of \$13.66 in all exchanges (which includes a local fee of \$13.45, mandated state fees of .21 and mandatory extended area service charges of \$0.00) is not above the standard deviation as specified in the USF/ICC Transformation Order.²

¹ Local End User Rate as defined in USF/ICC Transformation Order 26 FCC Rcd at 17751, Para. 238

² USF/ICC Transformation Order, 26 FCC Rcd at 17694, Para. 84 (footnote included) "The standard deviation is a measure of dispersion. The sample standard deviation is the square root of the sample variance. The sample variance is calculated as the sum of the squared deviations of the individual observations in the sample of data from the sample average divided by the total number of observations in the sample minus one. In a normal distribution, about 68 percent of the observations lie within one standard deviation above and below the average and about 95 percent of the observations lie within two standard deviations above and below the average."

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SECTION V

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM

10.1 General

- 10.1.1 This tariff is effective on the date the new FCC rules on Lifeline become effective, August 1, 2012. Until that time, the existing Lifeline tariff of this ETC remains effective.
- 10.1.2 The Lifeline Assistance Program (hereinafter "Lifeline") is a retail local service offering designed to make telephone service available at reduced rates to qualifying low-income customers. Lifeline provides for a federal credit equal to 100% of the Interstate Subscriber Line Charge and a \$2.75 local service reduction.
- 10.1.3 The discounts apply to monthly recurring rates for qualifying residential customers.
- 10.1.4 Discounts are applied to rates and charges for residential telephone service.
- 10.1.5 The lifeline Programs rate reductions do not apply to long distance service, class services, special features, and other ancillary services which may or may not be tariffed. Eligible customers may obtain these services, where available, at their discretion.
- 10.1.6 This ETC will implement all special disconnect procedures required for Lifeline customers.
- 10.1.7 This ETC shall not charge Lifeline customers with a monthly Number-Portability charge.
- 10.1.8 This ETC shall offer toll blocking to all qualifying applicants at the time such consumers subscribe to Lifeline service. If the consumer elects to receive toll blocking, that service shall become part of that consumer's Lifeline service. The customer is under no obligation to accept the subscription to toll blocking.

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.1 General (CONT.)

- 10.1.9 This ETC shall not collect a service deposit in order to initiate Lifeline service, if the qualifying consumer voluntarily elects toll blocking, where available, otherwise, this ETC may charge a service deposit in the ordinary course of business.

10.2 DESIGNATED LIFELINE PROGRAM SERVICE

10.2.1 General

10.2.1.1 Certain telephone services are specifically part of Lifeline service. Other services are optional. This ETC has a specific Lifeline offering.

- 10.2.2 This ETC shall offer the following services or functionalities defined to be qualified or designated, Lifeline Program services:

1. Single party service
2. Local Usage
3. Voice-grade access to the public network
4. Dual tone multi-frequency (DTMF) signaling or its functional equivalent
5. Access to emergency services
6. Access to operator services
7. Access to interexchange services
8. Access to directory assistance services
9. Toll Blocking service

10.3 REGULATIONS

- 10.3.1 All the telecommunications provider rules and general tariffs of this company apply to lifeline service unless specifically in conflict with this section and schedule.

- 10.3.2 Lifeline Service is available only with residence services, excluding foreign exchange service.

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.3 REGULATIONS (CONT.)

10.3.3 Lifeline Service is limited to one line per household at the customer's primary residence.

10.4 QUALIFICATIONS

10.4.1 General

10.4.1.1 To qualify for Lifeline Service, applicants must be participants in certain government programs or qualify through a low income threshold.

10.4.2 Qualification through Governmental Program Participation

10.4.2.1 To qualify for Lifeline Service through governmental program participation, applicants must participate in at least one (1) of the following government programs:

1. Department of Housing and Urban Development
2. Medicaid
3. Food Stamps
4. Supplemental Security Income (SSI)
5. Federal Public Housing Assistance Program
6. Low Income Home Energy Assistance Program
7. Temporary Assistance for Needy Families (TANF)
8. National School Lunch (NSL) Program's Free Lunch Program

10.4.3 Qualification through low income eligibility

10.4.3.1 To qualify through low income eligibility the applicant's income as defined in Sec. 54.400(f) must be at or below 135% of the federal poverty guidelines.

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.5 CERTIFICATION

10.5.1 General

10.5.1.1 Applicants for Lifeline must meet the eligibility guidelines. A certification process shall be used to ensure only eligible applicants receive Lifeline service.

10.5.2 Certification of eligibility through low income qualification.

10.5.2.1 This ETC participates in the ALIVE Board program established by the Arkansas General Assembly in 2005 through Act 2289 of 2005 to provide a governmentally maintained income qualification certification process that includes self-certification by applicants, under penalty of perjury, that the documentation presented by the applicant accurately represents their annual household income and provides the number of individuals in the household.

10.5.2.2 This ETC shall monitor the ALIVE Board to ensure the ALIVE Board provides this ETC with a copy of procedures. This ETC shall review the procedures to ensure the procedures are appropriate to certify and document income based on eligibility for Lifeline enrollment. An officer of ETC shall monitor the ALIVE Board certification process and procedures and shall certify at time of enrollment, under penalty of perjury, to the best of the officer's knowledge, that this ETC has procedures in place to review documentation via the ALIVE Board, and that the ETC, via the ALIVE Board, was presented with documentation that confirms the consumer's household eligibility, in that the consumer's household income is at or below 135% of the Federal Poverty Guidelines.

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.5 CERTIFICATION (CONT.)

10.5.3 Certification of eligibility through participation in governmental programs.

10.5.3.1 The applicant's eligibility for Lifeline Service due to participation in governmental programs shall be certified by the applicant in coordination with the governmental entity providing, monitoring, or reviewing program participation. For instance, many programs may be provided the Department of Human Services, Department of Health, and local school districts. This ETC, through the ALIVE Board or the third-party, will coordinate with the applicant and the appropriate governmental entity to ensure proper certification. This ETC shall require the third-party to establish appropriate procedures that include self-certification by applicants, under penalty of perjury, that the applicant receives benefits from the eligibility programs and identify the program or programs from which the applicant receives benefits. The certifying document shall also include the requirement that the consumer will notify this ETC if the consumer ceases to participate in the program or programs.

10.6 CONSUMER COMPLAINT RESOLUTION

10.6.1 General

10.6.1.1 The Federal Lifeline Program requires a consumer complaint resolution process. The Arkansas Public Service Commission has determined in Order No.1 of Docket No. 05-038-U that any ETC, which maintains tariffs and is subject to the Public Service Commission's consumer complaint procedures, meet the dispute resolution requirements for Lifeline. This ETC is subject to the Public Service Commission's consumer complaint procedures and shall use the Public Service Commission's consumer complaint

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.6 CONSUMER COMPLAINT RESOLUTION (CONT.)

procedures to meet the dispute resolution requirement for Lifeline. This ETC is subject to the Public Service Commission's consumer complaint procedures and shall use the Public Service Commission's consumer complaint procedures to meet the dispute resolution requirements for Lifeline.

10.7 VERIFICATION OF CONTINUED ELIGIBILITY

10.7.1 General

10.7.1.1 The Lifeline Programs requires this ETC to annually monitor the continued eligibility of Lifeline participants by evaluating a statistically valid sample of Lifeline customers and report the results of the sample evaluations to USAC.

10.7.2 This ETC shall follow all federal procedures in defining the statistically valid sample and evaluating the eligibility of the participants in the random sample.

10.7.2.1 Subscribers who are part of the random sample and qualify through program based eligibility must prove their continued eligibility by presenting, in person, or sending a copy of their Medicaid card, other Lifeline-qualifying public assistance card, or other authorized documentation to establish continued eligibility in an approved program and must self certify under penalty of perjury that they continue to participate in the Lifeline qualifying public assistance program.

10.7.2.2 Subscribers who are part of the random sample and qualify through income-based eligibility must prove their continued eligibility by presenting, to the ALIVE Board or the third part contractor, current documentation consistent with the procedures set forth above. These subscribers with income-based eligibility, must self certify, under penalty of perjury, the number of

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.7 VERIFICATION OF CONTINUED ELIGIBILITY (CONT.)

individuals in their household and that the documentation presented accurately represents their annual household income.

10.8 PROCESS FOR TERMINATION OF LIFELINE BENEFITS

10.8.1 General

10.8.1.1 A consumer's eligibility for Lifeline may be terminated due to failure to maintain qualifications for Lifeline. This ETC shall follow the required process for termination of Lifeline benefits.

10.8.2 Process

10.8.2.1 Customers will be notified of the impending termination of Lifeline benefits in a letter separate from the consumer's monthly bill.

10.8.2.2 The customer will have up to sixty (60) days from the date of the termination letter in which to demonstrate his or her continued eligibility before Lifeline Support is discontinued.

10.8.2.3 A customer who appeals must present proof of continued eligibility consistent with the above Lifeline qualifications.

10.8.2.4 This ETC will terminate Lifeline services for subscribers who fail to demonstrate continued eligibility within the sixty (60) day time period.

10.9 RECORD RETENTION POLICY

10.9.1 General

10.9.1.1 The Federal Communications Commission has established specific record retention requirements for the Lifeline certification process.

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ALL EXCHANGES

SOUTH ARKANSAS TELEPHONE COMPANY

LOCAL EXCHANGE SERVICE (CONT.)

10. LIFELINE ASSISTANCE PROGRAM (CONT.)

10.9 RECORD RETENTION POLICY (cont.)

This ETC will have specific procedures to ensure its record retention policy complies with legal requirements.

10.9.2 This ETC, through its own recordkeeping or through the recordkeeping of the ALIVE Board and its third-party contractor on behalf of this ETC, shall maintain certification records for the period of time required by the Federal Communications Commission for all Lifeline Participants.

10.9.3 This ETC shall retain certifications, signed by the subscriber, regarding the consumer's eligibility for Lifeline, including self-certifications, that income documentation accurately reflects the household income. This certification shall be retained at least as long as the consumer receives Lifeline service from this ETC or until this ETC is audited by the Administrator. This ETC shall maintain certifications for subscribers terminating Lifeline service for at least three (3) years after termination. Such records shall be maintained in compliance with all federal and Public Service Commission requirements and such records shall be provided to the Administrator or the Public Service Commission upon proper request.

LINE 3005 RATE OF RETURN DATA

REDACTED FOR PUBLIC INSPECTION